

Application for Sustaining Membership

Organisation _____

Contact Person _____

Contact Phone _____

Contact
Email Address _____

Address _____

Membership period is from 1 July – 30 June each year

FEE: \$950.00 per annum (including GST)

Payment Options

(a) Cheque/money order enclosed for \$.....

(b) Charge my Visa/MasterCard No:/...../...../.....

Expiry Date.....Amount \$.....

Cardholder's Name.....

Cardholder's Signature.....

Send to:

The Australian Society for Microbiology
9/397 Smith Street
FITZROY
VIC 3065

Email: admin@theasm.com.au

Fax: 03 9329 1777